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☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required local, or credit any overpayment, to Advance Order - # of Copies Deposit Account Number 22-6455 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Stephen B.

Date August 15. 2005

Registration No.

Typed or printed name

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Act of 1995, no persons a collection of information unless it displays a valid OMB control number. are required to respond to **Application Number** 09/808.882 TRANSMITTAL Filing Date March 15, 2001 **FORM** First Named Inventor Robert A. Vito Art Unit 3627 **Examiner Name** Suzanne Lale Dino Barrett (to be used for all correspondence after initial filing) Attorney Docket Number VIT-PT034.1RE Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Form PTOL-85 Issue Fee Transmittal with Request for Refund Express Abandonment Request Certification of First Class Mailing. CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VOLPE AND KOENIG, P.C.

Firm Name VOLPE AND KOENIG, P.C. Signature Printed name Stephen B. Sshott Date August 15, 2005 Reg. No. 51,294

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ephén B. Schott

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Complete if Known | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|-------------------------|---------------------------|----------------------|----------------|--|
| | | | Application Number | 09/808,882 | | | |
| FEE TRANSMITTAL For FY 2005 | | | Filing Date | March 15, 2001 | | | |
| | | | First Named Inventor | Robert A. Vito | | | |
| X Applicant claims small entity status. See 37 CFR 1.27 | | | Examiner Name | Suzanne Lale Dino Barrett | | | |
| T | | | Art Unit | 3676 | | | |
| TOTAL AMOUNT OF PAY | Attorney Docket No. | VIT-PT034.1RE | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C. | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
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| information and authorization on PTO-2038. | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | |
| = | , ,,, | Small Entity | Small Entity | Small | Entity | F D-:- (6) | |
| Application Type | Fee (\$) | <u>Fee (\$)</u> <u>Fee (\$</u> | | | <u>) (\$)</u> | Fees Paid (\$) | |
| Utility | 300 | 150 500 | 250 20 | _ | - | | |
| Design | 200 | 100 100 | 50 13 | | 5 - | | |
| Plant | 200 | 100 300 | 150 16 | | - 50 | | |
| Reissue | 300 | 150 500 | 250 60 | _ | | | |
| Provisional | 200 | 100 0 | 0 | 0 | 0 – | | |
| 2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$) | | | | | | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 | | | | | | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 | | | | | | | |
| Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims | | | | | | | |
| Total Claims = | | s <u>Fee (\$) Fee</u> x = 0.00 | | e (\$) | Fee Paid (| (\$) | |
| HP = highest number of total c | laims paid fo | r, if greater than 20 | | | 0.00 | | |
| Indep. Claims = | xtra Claim | <u>s Fee (\$) Fee</u> x = 0.00 | Paid (\$) 0 | | | | |
| HP = highest number of indepe | endent claims | | | | | | |
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| | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other: Issue Fee and Advance Order for 10 Soft Copies 730.00 | | | | | | | |
| UBMITTED BY | | | | | | | |
| | BI | 7.0_ | Registration No. 51,294 | | Telephone 2 | 15-568-6400 | |
| ame (Print/Type) Stephen B. Schott | | | | | Date August 15, 2005 | | |
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